## **HUMAN SERVICES DEPARTMENT[441]**

#### **Notice of Intended Action**

Pursuant to the authority of Iowa Code section 235B.5(1), the Department of Human Services proposes to amend Chapter 176, "Dependent Adult Abuse," Iowa Administrative Code.

These amendments improve the quality of service, streamline process, and update expectations. These amendments remove form numbers and alter form names in administrative code section 441--176.10 pertaining to the dissemination of adult abuse information. In addition, these amendments merge Child Abuse and Dependent Adult Abuse to simplify the process for the requestors of information.

Any interested person may make written comments on the proposed amendments on or before January 26, 2016. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 5<sup>th</sup> Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515) 281-4980 or by email to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A, 217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement 235B.5(1).

The following amendments are proposed.

ITEM 1. Amend subrule **176.10(1)** as follows:

**176.10(1)** Requests for information. Written requests for adult abuse information by the subject of a report as defined in subrule 176.10(3), paragraph "a," may be submitted to the

county office of the department on the form prescribed by the department entitled Form 470-0612, Request for Child and Dependent Adult Abuse Registry Information.

Oral requests for dependent adult abuse information may be made to the county office or the central registry when the person making the request believes that the information is needed immediately and the person is authorized to access the information, pursuant to the requirements of Iowa Code section 235B.7, subsection 2. If a request is made orally by telephone, a written request shall be filed within 72 hours of the oral request using Form 470 0612, on the form prescribed by the department entitled Request for Child and Dependent Adult Abuse Registry Information. When an oral request to the county office to obtain dependent adult abuse information is granted by the central registry, the county shall document the approval to the central registry through use of Form 470 0612. on the form prescribed by the department entitled Request for Child and Dependent Adult Abuse Information.

All other requests for information shall be made to the central registry by mail or fax pursuant to the requirements of Iowa Code section 235B.7.

#### ITEM 2. Amend subrule **176.10(2)** as follows:

176.10(2) Verification of identity. The county office shall verify the identity of the person making the request on the form prescribed by the department entitled Form 470 0612, Request for Child and Dependent Adult Abuse Registry Information. Upon verification of the identity of the person making the request, the county office shall transmit the request to the central registry. The central registry shall verify the identity of persons making requests for information directly to the central registry by telephone, mail, fax, or in person, on Form 470-0612, the form prescribed by the department entitled Request for Child and Dependent Adult Abuse Registry Information.

#### ITEM 3. Amend subrule **176.10(4)** as follows:

176.10(4) Requests concerning applicants for employment and employees of health care programs. A health care program making a request for dependent adult abuse information for the purpose of determining employability, as authorized by Iowa Code section 235B.6, subsection 2, paragraph "e," subparagraphs (6) and (7), and section 135C.33, subsection 6, shall request the information directly from the central registry or obtain the information from the Internet electronic information system maintained by the health facilities division of the department of inspections and appeals.

Requests made directly to the central registry shall be made on the form prescribed by the department entitled Form 470 0612, Request for Child and Dependent Adult Abuse Registry Information.

Health care programs requesting dependent adult abuse background checks on employee applicants and employees by use of the Internet electronic information system shall complete Form 470-3767, Non-Redissemination Agreement: the form prescribed by the department entitled Access to Confidential Abuse Information and Non-Redissemination Agreement. The form shall be signed by the administrator of the health care program and be sent to the central registry before receipt of the information from the department. The administrator shall agree not to redisseminate dependent adult abuse information obtained through the Internet electronic information system, except as authorized in Iowa Code sections 235B.6 and 235B.8.



#### Iowa Department of Human Services

## **Information on Proposed Rules**

Name of Program Specialist	Telephone Number	Email Address
Catherine Stack	515-281-5392	cstack@dhs.state.ia.us

### 1. Give a brief summary of the rule changes:

To improve the quality of service, streamline process, and update expectations, the following rule modifications are recommended: remove form numbers and alter form names in administrative code section 441-176.10 pertaining to the dissemination of adult abuse information. Child Abuse and Dependent Adult Abuse Forms have been merged to simplify the process for the requestors of information.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code Chapter 235B.

3. What is the reason for the Department requesting these changes?

This request is related to Form Changes in 16G and 16G Appendix to similarly operationalize requesting and disseminating Dependent Adult Abuse and Child Abuse. The following changes have been submitted:

- 1. Rename form 470-0643, Request for Child and Dependent Adult Abuse Information.
- 2. Obsolete form 470-0612, Request for Dependent Adult Abuse Registry Information as obsolete. This form has been merged into 470-0643.
- 3. Rename Form 470-3301, Authorization for Release of Child and Dependent Adult Abuse Information.
- 4. Obsolete form 470-4531, Authorization for Release of Dependent Adult Abuse Information as obsolete. This form has been merged into 470-3301.
- 5. Rename form 470-3767, Access to Confidential Abuse Information and Non-Redissemination Agreement.
- 4. What will be the effect of this rule making (who, what, when, how)?

The number of forms will be reduced and the process for making requests for child and dependent adult abuse information should be simpler.

5.Is the change mandated by State or Federal Law?

No.

6. Will anyone be affected by this rule change? If yes, who will be affected and will it be to the person's (organization's) benefit or detriment?

Yes. DHS Staff and individuals, agencies, or other entities requesting abuse information will be impacted as they will utilize different forms, SING users included.

The number of forms will be reduced and the process for requesting child and dependent adult abuse information should be simpler.

7. What are the potential benefits of this rule?

The anticipated impact is threefold: to streamline the request process, set forth dependent adult abuse and child abuse together as equally important, and to provide clearer expectations about authorized access under 235A and 235B.

8. What are the potential costs, to the regulated community or the state of lowa as a whole, of this rule?

There are no anticipated costs associated with this rule change.

9.Do any other agencies regulate in this area? If so, what agencies and what Administrative Code sections apply?

No. IDHS has authority under 235B for Dependent Adult Abuse in the community. DIA has authority in facilities under 235E with separate administrative code provisions.

10. What alternatives to direct regulation in this area are available to the agency? Why were other alternatives not used?

No other alternatives have been identified.

11. Does this rule contain a waiver provision? If not, why?

These rules do not contain waiver provisions. Individuals may request an exception pursuant to the Department General Rule 441 IAC 1.8 on Exception to Policy.

12. What are the likely areas of public comment?

Public comment may entail statements such as people liking child and dependent adult abuse forms being separate or not understanding why the forms would be merged.

13.Do these rules have an impact on private-sector jobs and employment opportunities in lowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee)

No known impact.

# ADMINISTRATIVE RULE FISCAL IMPACT STATEMENT

Date: 11/12/2015

Agency: Human Services			
IAC citation: 441 IAC 176.10			
Agency contact:			
Summary of the rule:			
This request is related to Form changes in 16G and 16G Appendix that deal with requests for and dissemination of Dependent Adult Abuse and Child Abuse information.			
Fill in this box if the impact meets these criteria:			
X No fiscal impact to the state.			
Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.			
Fiscal impact cannot be determined.			
Brief explanation:			
The revisions requested do not change current processes or procedures. They deal with technical changes related to forms used by the public to request dependent adult or child abuse information. The rule change removes the reference to the actual form number from rules.			
Fill in the form below if the impact does not fit the criteria above:			
Fiscal impact of \$100,000 annually or \$500,000 over 5 years.			
Assumptions:			
Describe how estimates were derived:			

Estimated Impact to the State by Fiscal Year							
Revenue by each source: General fund Federal funds Other (specify):	Year 1 (FY		Year 2 (FY )				
TOTAL REVENUE							
Expenditures: General fund Federal funds Other (specify):							
TOTAL EXPENDITURES							
NET IMPACT							
This rule is required by state law or federal mandate.  Please identify the state or federal law:							
Funding has been provided for the rule change.  Please identify the amount provided and the funding source:							
x Funding has not been provided for the rule.  Please explain how the agency will pay for the rule change:  There is no cost to this rule change.							
Fiscal impact to persons affected by the rule:							
There is no fiscal impact to individuals that request child abus	se or dependent a	dult abuse ii	nformation.				
Fiscal impact to counties or other local governments (req None.	uired by Iowa Co	ode 25B.6):					
Agency representative preparing estimate: Victoria Wiedeme	er						
Telephone number: 515-281-6856							